

City of Rockford - Finance Department - Revenue 1st floor, City Hall, 425 E. State Street, Rockford, IL 815-967-6753

LICENSE APPLICATION – TAXI CAB DRIVER

THIS APPLICATION **MUST** BE ACCOMPANIED BY THE LICENSE FEE.

Applicant Name:		Date of Application:		
Applicant Current Address:				
Street			City/State/Zip	
Applicant Address Past 3 Years:				
Stree	t		City/State/Zip	Dates
Stree	t		City/State/Zip	Dates
Applicant's Phone #:	Email Addre	ss:		
Date & Place of Birth:	Heig	ght: W	Veight:	Hair Color:
Eye Color: SSN#:		Illinois Dri	vers License #:	
Length of Residency in City of Rockford:		Citizen of th	ne United States: _	YES NO
Has applicant ever been convicted of a felony	y? YES	NO		
Has applicant ever been convicted of a misde			NO	
Has applicant ever been licensed as a driver of If Yes, when and where?		YES	NO	
Has your driver's license ever been revoked of If Yes, then for what cause?	•		NO	
Applicant's Previous Place of Employment:_				
	Dates	Place		Job Classification
	REFERI	ENCES		
Name:		Business:		
Address:				
Name:				
Address:Applicant must attach letters of reference	from the above	individuals		
I, the above applicant, do hereby swear and a complete. I understand that this is solely an a all applicable ordinances of the City of Rock the departments listed below, and an official	application to dri ford have been fu	ve a taxi cab and ally complied wi	d is not permission ith, and this applic	n to drive a taxi cab until
Applicant Signature:	icant Signature: Dated:			
FOR OFFICE USE ONLY: Date application received: Police: Approved / Disapproved By: Remarks:	Received By	:	D	ate:
Finance: Final Action (check one): Approved and issued on Denied in writing on	By			License #